

**WISCONSIN MEDICAID
CERTIFICATION OF EMERGENCY FOR NON-U.S. CITIZENS**

The patient should take this form to the county/tribal social or human services department in his or her county of residence where the decision of eligibility is made. Wisconsin Medicaid advises providers to keep a copy for their records. Medicaid reimbursement for the emergency service is conditional on meeting all program rules, including the definition of an emergency medical condition as described in the instructions. Before completing this form, read the Certification of Emergency for Non-U.S. Citizens Instructions (HCF 1162A).

SECTION I — PATIENT INFORMATION

1. Name — Patient	2. Address — Patient
3. Date of Birth — Patient	4. Social Security Number — Patient
5. Emergency Start Date	6. Emergency End Date
7. Name — Contact Person	8. Telephone Number — Contact Person

SECTION II — PROVIDER INFORMATION AND AUTHORIZATION

I verify that the above-named patient was treated for an emergency medical condition as defined under 42 CFR s. 440.255(c)(1).

9. Name — Provider (Print)

10. SIGNATURE — Provider	11. Date Signed
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